

Governor's Commission on Mental Retardation

**Focus on the Front Line: Perceptions of Workforce Issues  
Among Direct Support Workers and Their Supervisors**

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*A Staff Report*

# **Focus on the Front Line: Perceptions of Workforce Issues Among Direct Support Workers and Their Supervisors**

*The Commonwealth of Massachusetts*

*GOVERNOR'S COMMISSION ON MENTAL RETARDATION*

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## Introduction

Because of the shift in state-funded mental retardation systems from congregate care to individualized supports, the role of the direct support worker is evolving. One example of this shift is the focus on autonomy and choice in decision-making for people with mental retardation. Frontline staff are no longer just caregivers, they are supporters, advocates, and facilitators. “The skills are evolving right along with the changes in the field. Now, (people with mental retardation) know that *we work for them*. What do they want us to do?” Although it is clear that the roles of workers are changing, has the way in which we train direct support staff transformed as well? The staff of the Governor’s Commission on Mental Retardation conducted a review of the perceptions of direct support workers and their supervisors on workforce development issues. Our purpose was twofold: to collect data on the type and magnitude of training for direct support workers in DMR-funded programs, and to ascertain how frontline staff perceive the quality and relevance of current training programs.

The Governor’s Commission on Mental Retardation was established through an Executive Order in 1993 to examine the quality and effectiveness of services for people with mental retardation in Massachusetts. The quality of the current service system is dependent upon the staff who provide direct services. Focusing on issues related to the front-line workforce is crucial in evaluating supports and the extent to which they enhance the lives of individuals with mental retardation.

Although Commission staff initially focused data collection efforts on training programs at community provider agencies, it was apparent that because of various external and internal influences, this issue must be considered in context. The training of direct support staff is affected by many other factors, most importantly workforce recruitment and retention issues. Focus group discussions that began looking at training issues evolved into forums for direct support staff to express their seldom heard voices on such issues as wages, career advancement, and status and recognition of the front-line workforce.

## Methodology

Seventy-two direct support workers and 65 frontline supervisors participated in the research. Governor’s Commission staff contacted executive directors and directors of training at community provider agencies via telephone. Staff explained the goals of the study, and participating agencies recruited frontline supervisors and direct support workers for focus groups. Twelve agencies from around the state were included in the final sample. Participants provided residential (72%) and day/employment supports (28%).

A focus group is a group interview led by a moderator on a particular topic. Researchers select participants based on their knowledge or opinion on a specific subject. The Commission staff chose these groups as the primary method of data collection because small informal discussions allowed the staff to create lines of communication between themselves and the participants. In-person contact was especially important to convey to workers that the researchers’ primary goal was to listen to and learn from participants. However, this research tool has one primary drawback. Due to time and budget limitations, researchers can reach fewer participants through focus groups than through other methods such as telephone or mailed surveys. In some cases, qualitative data may compromise the number of respondents. This situation could result in a

sample that is too small to generalize to the greater population. By holding several focus groups throughout the state, Commission staff were able to reach an adequate number of participants while obtaining data that generated a rich understanding of the beliefs and experiences of frontline workers.

## **I. Training in Context**

*“When I was a direct care worker, we were not expected to do what we ask of people now. Direct care staff wasn’t expected to deal with families, with communities, with the nursing issues. (Now) they are expected to go into the community and act politically savvy... We are expected to do everything from political fundraising to wiping someone’s rear-end. You might be doing those two things in one day.”*

### **The changing skill set**

Supervisors who participated in focus groups were unanimous that the role of direct support workers has changed substantially over the past few decades. Many compared the responsibilities of today’s direct support workers to their own early challenges in direct support. A common term used by many to describe these initial experiences: “babysitting.” Direct support duties change in response to the evolving needs of people with mental retardation. Supervisors discussed a number of changing expectations for staff including health care, community inclusion, and individualized supports.

The transition from sheltered workshops and congregate residential care to integrated settings creates abundant opportunities for people with mental retardation as well as staff that support them. The skills required to provide direct support in the community have vastly increased. For staff, fostering meaningful community inclusion involves risk-taking and “thinking on one’s feet.” One supervisor described these skills as more expansive as the roles and responsibilities change. For example, staff interact with community business owners, neighbors, and family members. “They have to be able to present the person that they’re supporting in a respectful way, so that the shopkeeper or waitress respects him, too.” Today’s direct support workers need to develop skills in communication, diplomacy, creating community connections, and identifying systems that facilitate community support.

Workers no longer provide support in locations solely designated for people with mental retardation. An important consequence of this shift is human service delivery in non-human service settings or “uncharted territory.” Workers now have responsibility for training the community, a challenge that requires a unique set of abilities. For example, workers must educate staff at a local YMCA on the rights of people with mental retardation to access community recreation facilities. They must be “allowed” to use the basketball court. On another front, direct support staff must explain to a convenience store clerk that it is neither his nor the staff’s decision to forbid the sale of cigarettes to an individual receiving supports.

### **The changing type of worker**

The diverse skill set of competent direct support workers unfortunately contrasts with the type of worker typically entering the field. According to supervisors, not only is the pool of potential workers shrinking, but those who apply have less experience and education and struggle more with language and literacy issues than those previously hired. Never before has the human service field experienced such a shortage of qualified workers. This situation is partly attributed to a booming national economy with a dramatically low

unemployment rate in Massachusetts. Potential applicants with college degrees move into other fields that have more opportunities than in direct support. Significantly, this trend is likely to continue as researchers project human services to be one of the fastest growing occupations in Massachusetts in the future (Seavey, 1999).

#### Retention

*Two factors have been directly correlated to low retention: low wages and limited opportunities for advancement. A growing body of research in the area of recruitment and retention supports this theory (Larson, Lakin, & Bruininks, 1998; Braddock & Mitchell, 1992). According to several supervisors, traditionally it was likely that employees left current positions to assume higher ones in the agency. Now, workers move to other agencies or even other fields. They are not likely to keep their jobs long enough to be promoted but instead find opportunities in areas that offer higher wages. Also, agencies compete with each other as well as with the for-profit sector for employees. As today's booming economy allows job-seekers to move around among agencies and even industries, it is difficult to keep qualified staff.*

*"It used to be we got people with bachelor's or master's degrees to do the work. Now we get people with a pulse. If a person has no criminal background, can pass the drug test, and can drive, he's in."*

#### Career advancement

Most focus group discussants believe that opportunities for career advancement are important but virtually non-existent. Direct support staff surveyed see the only avenue for (limited) advancement is into the position of house manager. It seemed clear that the amount of work and responsibility "heaped" on house managers is daunting to staff. "The difference between the money and status of a house manager is simply not worth taking on all the added responsibilities. House managers do all the same work but much more and with much more responsibility." At some agencies, residential supervisors make only 50 cents per hour more than direct support staff. In many cases the financial compensation is not enough to motivate workers to pursue positions with greater status and responsibility but limited pay increases. Workers feel overworked and underpaid, and they believe that this situation is even worse for supervisors. Further, not all workers aspire to become supervisors but want incremental pay increases and diversified responsibilities.

For those who do not want to move into management positions, there is no real career path. One supervisor noted that, "If people are interested in staying in the field, they just plant their feet and stay where they are." The Human Services Research Institute (HSRI) is one organization that has devoted its time to the examination of this issue. Silver and Taylor (1997) make the distinction between a career ladder and a career lattice. A ladder implies upward movement towards the management or administrative level, while a lattice encompasses more linear movement in direct support that can also lead to opportunities for growth and higher wages. Participants envisioned a structure within direct support that allows staff to work on the

frontlines while enjoying pay increases and varied responsibilities. One supervisor described a pilot project in which direct support staff took on leadership roles. “We have talked about a senior staff level (within direct care)... (For example, one worker) is part of a self-guided group. The group reports to the executive director... They are direct care workers, and they know everything about running the home themselves, and they work together.” The model illustrates the responsibility and autonomy of these direct support workers, but as previously mentioned, these benefits without increased financial compensation will not sustain most workers.

### **How these and other factors affect training**

When supervisors discussed their perceptions of barriers to direct support staff training, it was evident that the major obstacles stem from low wages and high turnover. The low wage often forces workers to hold down more than one job. In turn, multiple jobs limit the time and commitment workers can put into the positions, thus creating scheduling problems. It is difficult for staff to spend spare time in trainings because free time is minimal if it exists at all. Staff with multiple jobs are frustrated and become “burnt-out” quickly. These conditions can perpetuate feelings of intense dissatisfaction. Many agencies identify this scenario as contributing to the universal problem of low employee retention.

### **Budget and personnel constraints**

“There’s just not enough money,” was a frequent refrain of supervisors. Budget constraints affect issues both directly and indirectly related to training. Included in the costs of training is the hourly wage of relief staff who fill in for regular staff while they are trained. Not only is it difficult for agencies to pay relief staff, but it is also a challenge to find and keep these workers. One supervisor described the juggling she did to increase the desirability of relief work for prospective employees. “We had to use some money in our budget to increase the wages we were offering to attract (relief staff) applicants. So we increased salaries but lost money in training areas. It was a trade-off.” Relief staff may be difficult to maintain because of low pay and their unreliability if they are another agency’s full- or part-time staff. They are less committed to the agency they provide relief for as it is not their primary employer. Relief staff may even be “no-shows” if another agency calls and offers a higher hourly wage. Although the relief system is far from perfect, it is currently a widely used vehicle that offers full-time staff flexibility. Because of the need for more adequate coverage, agencies are beginning to look at alternate ways of freeing regular staff for trainings to supplement the use of relief workers.

### **Scheduling**

Scheduling problems were one of the barriers frequently cited by supervisors. It is difficult for staff to find time to go to trainings. They hold multiple jobs, attend school, and have other commitments. “If it’s a daytime training, they miss one job, if it’s a nighttime training, they miss the other job.” Supervisors acknowledged that competing priorities keep workers from participating in training. “Obviously we think that this job comes first, but if they have another job the person they work with over there may feel the same way.” Direct support workers often need second and sometimes third jobs to meet financial obligations (one direct support worker reported holding four jobs concurrently). With such schedules, the difficulty in creating time for training is evident.

As one supervisor noted, “direct care workers have a choice—either go to this training or go to your other job.” When workers feel the strain of financial obligations, they pursue activities that allow them to earn extra money such as working more shifts rather than attending trainings.

Scheduling can also be problematic when there is a constant influx of new workers, especially when staff need training concurrently. “I have three new staff members, but I can't send them all out for trainings at the same time. Training for these workers will be on a much more prolonged schedule, even mandatory trainings.” A lack of available trainings also contributes to scheduling difficulties. “Because of the very high rate of turnover in this field, we feel that we are constantly training, training, training.” Although these orientation trainings are essential for new workers, some reported working for several months before being trained. This is a source of concern for many supervisors as they deal with incoming employees who have minimal education and experience.

These difficulties are further exacerbated by high turnover. Many workers move around among agencies and repeat the battery of orientation trainings regardless of skill level or experience. Because of frequent moves, orienting new staff and ensuring completion of mandatory trainings such as CPR/First Aid, universal precautions, and human rights consumes trainers' time and is their biggest priority. While training new workers is essential, trainers have little time to focus on the needs of more seasoned workers. With turnover estimated between 50-70% in some community providers (Braddock et al., 1992), workers with experience are a minority group that seems to be diminishing. Participants felt that trainings geared towards varying ability levels would address the unmet needs of workers who seek more challenging trainings.

### **Supervisors do not encourage training**

When workers do not consider training important, it may be due to a message reinforced by supervisors. At several focus groups, supervisors felt that training is unnecessary for some workers. These discussants advocated for waived training requirements for seasoned workers

*“I have workers who've been working for nine years, some for 12 years. None of the trainings are really relevant for them anymore. They know what they do and they're the best at it...I wouldn't perceive any training as being necessary for this type of person.”*

who are considered “experts” in direct support. Contrarily, other supervisors felt that even when workers support the same individuals for several years, the needs of people change as they grow older. This requires additional training in multiple age-related issues. New research and advances in the field provide guidance and technical assistance in helping

supervisors motivate staff. As workers rely on supervisors to offer encouragement and support, if they believe that supervisors do not value trainings, this may color workers' perceptions.

### **Perceived direct support worker apathy**

The theme of motivation ran through discussions with supervisors. Many felt that staff take neither a personal nor a professional interest in training and do not consider it a priority. In most cases, supervisors felt that they are unable to change workers' motivation.

One discussant contended that motivation is directly linked to education level. "For the most part, if people have had some education and education is important to them, they will go to the trainings. (But) if people

*"Sometimes people go (to trainings) because they would rather sit in the back of a classroom for four hours and sleep instead of working hard at their regular job—they see it as kind of a break. Motivation is very low."*

really had the education, they would leave for a higher-paying job." Supervisors seemed resigned to the belief that workers are not integrated into agency culture and thus lack "stakeholder" status in the field. These perceptions cultivate the apathetic response of some workers towards training.

As many discussants attested, direct support workers can be a transitory group that may not be invested in the work. One supervisor noted that some are not drawn to the field but need a temporary position while pursuing other goals. "It depends on why people took the job. If they are interested in the field, they'll go to trainings, if they aren't, they won't." Another supervisor referenced staff who provide non-traditional residential support. "Someone may take in a roommate for a supported living program. They do it for the money. They may not be interested in having a career in human services, so they won't go to a lot of trainings." It can be difficult to persuade workers to take an interest in training if they have only minimal interest in the job. Those who provide direct support but see their work as a means to an unrelated end are not likely to make a personal investment in training.

### **Incentives for training**

The lack of incentives for trainings is a pressing issue. In most instances workers do not receive credits or some portable certification or recognition for participation. Agencies document attendance, but according to supervisors, such records are not typically used to justify raises or promotions. Many workers simply feel that there is no reason to attend trainings.

*"Our agency puts a letter in their folder (when) employees complete the trainings, and we give them a small token if we can—for instance, movie tickets. (But) where is the incentive?"*

Although tangible incentives for trainings such as a certificate, pay increase, or a promotion is important, some participants recognized intrinsic rewards as motivation. One worker who provides individualized supports felt that trainings are opportunities to share ideas and experiences. Staff can feel isolated at their work sites and benefit from interactions with co-workers that enable them to experience stories, strategies and struggles of others. Participation in trainings is one way to facilitate this, but front-line worker support groups or other structured opportunities to network can also invite camaraderie and encouragement, as well as new insights into the work. Another way to promote sustained interactions among staff is through direct support worker membership in professional organizations.

The opportunity to enhance skills and grow personally and professionally through training was mentioned as another compelling incentive. "I feel the more you know the more valuable an employee you are." One participant said that emphasis on trainings helps establish direct support

as not merely a job but a profession. In this sense, trainings not only benefit individuals, but also raise the status level for the direct support career.

Many practitioners and researchers in the field of mental retardation support the recognition of a credentialing system for direct support work (Taylor, Bradley, & Warren, 1996). This system would acknowledge such achievements as longevity of service, the meeting of statewide certification requirements, completion of specialized disability-related coursework, demonstration of accepted human service practitioner competencies, and demonstration of consumer satisfaction with direct support services. This type of system would focus on many problems that are seemingly inherent in direct support work. Ebenstein (1995) identifies a variety of objectives that the implementation of a credentialing system could address. These include: reducing turnover; improving skills of direct support workers, improving direct support workers' access to educational opportunities, creating portable career pathways recognized across agencies, providing a rationale for incremental wage increases, increasing availability of skilled workers, improving the quality of supports provided by staff, and improving professional status and recognition of direct support workers.

## II. Trainings Cited as the Most Relevant to Direct Support Work

*“Agency standards, our mission statement, that is the crux of what we do. People are walking through the doors without it. Our agency’s values dictate the way we work.”*

*“You can come out of a values training and acquire nothing new. If people don't get it—they don't get it. But what do people need before they do their first shift? What are the essential pieces of information? It all seems to revolve around safety things.”*

A small percentage of workers could not name a training that they felt was the most important. Some discussants felt that all the trainings they have received were equally important and could not narrow their answer to just one training, but others had more unsettling reasons for not naming a relevant training. One worker considered the question for several minutes and answered, “I don't know it's been so long, I can't even remember.” Another worker felt that she had not yet experienced a “most relevant training” but was anxiously awaiting one. “I think that most of the trainings that I have taken thus far have been peripheral, or tangential—not really addressing the work that I’m doing. I guess I’m still waiting for that ‘most important and relevant’ training.” Although only a small number of participants could not name an important training, even a single response of this type leads one to question the effectiveness of the trainings being offered. This view suggests that at least a small percentage of workers do not find merit in training, or have not yet been able to apply their training to their work.

The vast majority of workers cited trainings that were crucial to their work. Among those most frequently mentioned were medication administration, dealing with challenging behaviors, human rights, and social role valorization. Responses among the support workers and supervisors did not significantly differ (responses were not specific to just one type of staff). Discussants wavered between trainings that dealt with safety issues and those that addressed quality of life for people with disabilities. The struggle between these two aspects of support also troubles trainers when considering which trainings new staff should receive first.

### Health care monitoring and advocacy

As the general population ages, so does that of people with mental retardation. Because the health care needs of many individuals are changing, so too are the responsibilities of direct support workers. Such duties include the accurate reporting of symptoms to a health care professional, medication administration, assistance with diabetes care, and j-and g-tube care. It was clear through the focus groups that staff recognize the significance of these new duties and are eager for training on these specific topics. As one participant noted, “Because I am supporting someone with diabetes in my house, there is a monitoring component of that person's care. So if they (new workers) are not comfortable, there is no way they can work with them.” Supervisors also affirmed the value of this type of training. In addition, they found that a health advocacy training was of great value. This training includes information on how to make a medical appointment, what types of questions to ask doctors, and how to recognize symptoms of illness. These dual roles may be new for staff and serve as another example of how training must address the expanding roles of direct support workers.

### **Medication administration**

All participants said that medication administration training is critical for frontline staff. Both new and experienced workers said that this was the most useful training. Workers realize the enormous responsibility associated with administering medication and the implications of mistakes. Participants were cognizant of the dire consequences of dispensing the wrong medication, administering an incorrect dosage, or missing a dosage. One person expressed every worker's fear. "I don't want anyone to die on me." Discussants also stressed the importance of recognizing and identifying serious side effects of medications. As both new and veteran workers cited this training as most important, it is clear that this responsibility is taken very seriously.

### **Safety trainings**

*Several direct support workers felt that safety measures like universal precautions, and First Aid/ CPR are essential. One executive director who participated in a focus group with supervisors noted that safety issues are of utmost importance and should be addressed first. As the leader of the agency, she admits that she comes from "a more protective view" than other supervisors. However, supervisors agreed that safety trainings offer a degree of reasonable certainty that direct support workers will respond appropriately in emergency situations. Agencies across the state share this opinion, because in most cases, safety trainings are the first that new workers receive. As the initial training received before all others, agencies underscore its importance.*

### **Behavior management**

According to supervisors, trainings addressing challenging behaviors are invaluable and greatly needed. One discussant felt that new workers believe that they will acquire expertise in dealing with difficult behaviors through experience and trial-and-error. While this may facilitate some skill acquisition, workers also need appropriate training. "People don't get that just from experience in the field. They feel abandoned and don't know where to go with questions—they feel like the person (with challenging behaviors) is running their lives." If indeed some new workers believe that strategies for addressing challenging behaviors will evolve through experience, they may be reluctant to ask for help, assuming knowledge will come with time. Insufficiently addressed behaviors will frustrate workers as well as negatively impact the person being supported. It is important for supervisors to be aware of these situations and use these opportunities to provide training in this area.

Direct support workers resoundingly confirmed the importance of behavior management trainings. One discussant highlighted a particular training dealing with restraints because it identified situations when restraint use was helpful. "I had to restrain a person twice before I was able to take a training in the right way to do it. It can also help to avoid liability issues." This is an apt example of why training in behavior management is critical. If an emergency situation calls for a worker who has not been trained in restraint use, the consequences can be dire. When restraints are implemented without proper training, there is imminent risk for the person being restrained as well as the worker.

## Human rights

Although different agencies refer to this training by various names, teaching direct staff about the rights of people with mental retardation is critical. “Society labels people with mental retardation, and we know that that’s not okay. People with mental retardation are just that—people. And they should be able to live the same kind of life with the same choices that you or I would like to live.” Both supervisors and direct support workers referred to human rights training as the “foundation of knowledge” on which other skills are built throughout human service careers. This training is a cornerstone that addresses the way workers speak to, act towards, and support people with mental retardation.

Workers highlighted a DMR-sponsored simulation training that allows staff to experience having a disability, such as using a wheelchair. The training gives a sense of what it is like to rely on others for daily care. “It really makes you feel what the people you support feel daily. Like if you just come up behind someone and start pushing their wheelchair without telling them where they’re going. You now realize that that can be scary... I used to say, ‘What are you sweating for, I’m the one who’s pushing!’ But when you’re in the wheelchair, you’re sweating too!”

## Social role valorization

Both new and more experienced workers said that social role valorization training (SRV) plays a significant role in determining how staff view their work. Workers mentioned this training with such overwhelming frequency that it is clearly one of the most important. “I had it so long ago but I never forgot it. I learned simple things, like when you leave the house—already a person with a disability is going to be looked down on because he’s different. You’re not going to take him out unshaven or looking disheveled, because he’s going to get a lot more looks than any one of us here, so he needs to look better, not worse, when he goes out the door.” Another direct support worker felt that SRV “gave me a lot of insight and opened my eyes. It had a big impact on my work. Knowing that we should encourage and advocate for people to use their own voices, it makes a big difference in their lives.”

Experienced direct support workers use social role valorization training as a refresher or a way to re-assess their work. “Once you’ve worked in the field for a while, you tend to get numb to certain things that are happening and you start to accept things that maybe you shouldn’t...it’s a way to go back and re-visit where you are. It’s a wake-up call to remind you to take time and stop and think about what you’re going to say, and how you speak to and about people.” Workers acknowledged that after years in direct support, they are susceptible to becoming entrenched in routines and may not notice when the way they are supporting people does not reflect their values. The SRV training is a vehicle that allows workers to examine their roles as supporters and facilitators for people with mental retardation.

*“I can think of one worker that leads people by the hand when she’s walking with them. Then I see another worker walking down the street with these same guys and the worker is wearing the same hat as one of the guys and you don’t think to yourself, ‘There’s two people with mental retardation and the guy that takes care of them.’ I think we have to get past being embarrassed for them, and apologizing for them. We treat them as friends. We don’t make them look like a ‘client.’ You see regular people.”*

### III. Measuring the Efficacy of Formal Training

DMR and community providers spend a great deal of time and money training direct support workers. In 1997, DMR trained a total of 41,138 DMR and provider staff (O'Hern, 1998). DMR estimates that their employees spend approximately 3.4% of their time at work in trainings, and participation in DMR training accounts for almost 1% of provider staff time. Further, many providers have their own training curriculum that increases the percentage of time staff are trained. Therefore, it is inherently valuable to measure the efficacy of those efforts to ensure that agencies are utilizing resources appropriately. Are trainings making a difference in the way staff perform their jobs? When supervisors were posed this question, many had difficulty articulating formal ways to measure effectiveness. One reason for this uncertainty is that most supervisors embed this task in everyday work (the daily responsibilities of supervising and evaluating performance). Supervisors' responses focused on informal methods of evaluation that assess whether trainings have "worked" or "not worked." However, some supervisors discussed more formal methods that they use for evaluation including post-tests and follow-up sessions with mentors.

#### Formal measurement

Although the majority of supervisors said that there are no standardized guidelines to measure the effectiveness of trainings at their agencies, many emphasized the importance of post-tests after skill-based trainings such as CPR, First Aid, and medication administration. Direct support workers also value these tests but some feel that they are not challenging enough. One discussant stated that it should be more difficult for agencies to certify workers in specific areas. "People would have more confidence in their abilities if the tests were more challenging, and it would really force them to learn the material." Supervisors value the tests because they provide concrete evidence that a worker has actually acquired the intended skill during the training. However, for some passing the test is not a sufficient affirmation that they have learned the material because they feel that the test is not an appropriate tool to measure acquisition.

#### Informal measurement

There are a variety of ways that supervisors informally measure the effectiveness of training. Supervisors frequently cited the use of direct observation. "You can...observe new staff to see what they got out of training. I have two new staff who just became trained in med. certification. We can observe them giving medications and check the log and make sure they recorded what they did." Unfortunately, not all trainings are so directly applicable that one can observe or measure the use of new information immediately upon returning to work. "In other trainings, people do learn from them but store what they learn and can apply (the information) when the time is right." Observation typically includes monitoring the staff's behavior and attitude towards the people that they support. "We can usually see a change in attitude on the part of the direct care worker. We measure efficacy through observation, during supervision, and we look at the quality of work that they're doing." Supervisors find it more difficult to measure the effectiveness of trainings that are conceptual rather than skill-based. However, observation can be an effective tool because it can evaluate a multitude of measures. For instance, observation can measure a worker's accuracy and technique in executing a fire safety plan, or it can assess a worker's understanding of human rights and dignity of risk for people with mental retardation.

Another way supervisors can measure whether a training is effective is

Discussions with a direct support worker can also indicate when a training has not benefited an employee. One supervisor gave the following example: "They come back (from a training) with negative ideas. If someone goes to a training on human rights and then comes home and says, 'It's John's choice to sit home all day if he wants to,' then we know the training didn't go well."

through a dialogue. “I ask the people I supervise, ‘What did you get out of that training?’” Discussions that ensue challenge workers to articulate what was learned at a training and how to apply it in the future. “If they can say, ‘you know, this would work for Dan or Joe,’ I think then a person at least got something out of it.” When asked to discuss evaluation techniques, the majority of supervisors said that they talked to the participants after the training. This portable, free, and non-standardized method of assessment allows the supervisor to explore the trainee’s interpretation of the information and assess how he or she might integrate this information into his or her work.

Many supervisors noted that getting verbal feedback from employees could be a good way to measure effectiveness. However, much discussion ensued around the utility of this method. Sometimes feedback can be more useful from experienced workers. “We use (the feedback) to decide whether or not people should attend that specific training in the future. However, it does depend on the reporter. It could be a well-respected direct care worker who has been here for a long time, or it could be someone new to the field who may not have grasped the basics of the training and therefore comes back and says that it wasn’t a good training.” This is an important point to consider when evaluating the effectiveness of a training. However, a new employee’s negative interpretation of a training could imply that this training is appropriate only for more experienced employees.

#### **IV. Workers' Perceptions on the Content of Formal Trainings**

*"It would be good to say to workers, what do you want?"*

Many participants said that they wanted to influence the content of the trainings. Some feel that information in the trainings is often idealistic and impractical. "You go to a training and learn something, and you want to take it back to the house. (But) sometimes you learn something, and you can't do it because of the rules of the house... So what we're learning we can't always apply." A supervisor at another agency echoed this comment. He discussed the ideals of self-actualization, autonomy, independence, and real choice for people with mental retardation within the constraints of the group home. "This is what we run into when we train staff, and then they go to work, and it's a contradiction. How many people outside of those who use DMR, DMH, would choose to live with five people not related to them? You set up a (group home) system and then you spend all your time working against it." Although this supervisor understands the futility of teaching values that cannot be fully realized, he feels justified training in these areas because it lays groundwork for change. These ideals are difficult to implement, but it is important for workers to realize their significance and work towards creating a system that can support these changes.

The debate between generalized versus more task-specific trainings surfaced in almost every discussion. While some felt that trainings are too idealistic, another complaint that participants had is that many are too broad. Workers adamantly want to learn skills that they can use. "The first (human rights) training that I attended was led by...family members (who) talked a lot about personal experience. They told great stories, but I work with great stories every day. I needed some formal instruction." When workers attend a training, they want to make an immediate connection between the acquired knowledge and their work. When this fails to occur, generalized trainings can fall short.

Some felt that trainings should only address issues that staff regularly encounter. Currently, there is a lack of "house-specificity" in trainings. This preference for specific trainings is a necessity in some situations. For example, one worker supports two women who developed Alzheimer's disease and diabetes. Staff required immediate training to meet their increasingly complex needs. Here, "house specific" training was essential. Many discussants advocated for training that takes place in the home or work site to address specific needs of individuals. "Sometimes when you're at a training and you want some feedback on a situation that you're dealing with, it can be difficult to get questions answered. Something smaller, more one-on-one would be beneficial."

Workers need concrete, reality-based training to grasp certain concepts. When discussants spoke about supporting people with challenging behaviors, they frequently mentioned intensive, individual-focused instruction. While most participants believe that this type of instruction would increase the overall quality of trainings, they emphasized individualization specifically for behavior management trainings. Learning only about the range of typical behaviors associated with a particular diagnosis does not provide staff with specific strategies to support those with behavioral challenges.

Adult education research supports the preference for task-specific trainings. Riechmann-Hruska (1989) noted that subject matter affects motivation. Individuals who do not see “direct payback” from learning find it difficult to exert the necessary energy

*“Adults are perhaps the least tolerant learners of material that they fail to see as relevant to their lives”*

(Riechmann-Hruska, 1989, p. 25)

for concept acquisition. Knowles (1984) also contends that adults are most interested in learning subjects that have immediate relevance to their job or personal life. The first stage of information acquisition is when attention focuses on a perceived new idea. If at this point the attention falters, learning ends. If the idea is determined to be helpful to the learner, it will be permanently integrated into memory (Even, 1987). However, if at any time the new idea is determined to be too burdensome (difficult to apply, perceived as irrelevant) the idea will not become a part of the learner’s permanent repertoire of skills.

While participants can agree that specific trainings meet an immediate need, conceptual, values-based trainings are important as well. This is evidenced by the opinions of more experienced direct support workers. As one worker noted, “When I started working here, I wasn’t thinking that what I was learning was relevant to my work. But now that I’ve been here for a while, I realize I am using what I am learning. I can apply what I learn.” It is difficult for some workers to realize the significance of trainings that are more abstract and based on ethics and principles rather than specifically instructional. It seems that perhaps such an appreciation evolves over time and through experience.

Many supervisors recognized the value of trainings that promote workplace competencies but not necessarily task-specific skills. According to one discussant, “It’s wonderful if people can do the hands-on tasks in the house, but they’re no good if they can do that but have no respect for the people they serve. You’re much better off having people going in with open eyes and open minds and knowing what their values are.” Current research reflects this concept as well. Direct support

*“Opportunities present themselves to us when we concentrate on the processes people employ when making their way along a career path rather than on the specific instrumental content of their day-to-day work.”*

(Cavaliere and Sgroi, 1992, p.107)

workers should possess a broad range of knowledge that includes technical competencies as well ideas shaped by visions and philosophies. Cavaliere and Sgroi (1992) advocate for more conceptual training to supplement concrete skill-based trainings. Values-based trainings that challenge beliefs enhance analytic and critical thinking skills in staff. The authors suggest a dual curriculum for learners, with two types of requirements, one emphasizing skills with direct professional application, the other offering broader, more conceptual experiences. Though it is appropriate for trainers to provide technical skills education, it is equally important to consider competencies that cross content areas. Such multi-dimensional skills include communication, decision-making, synthesizing, problem solving, and negotiating.

## V. Direct Support Worker Input on Formal Trainings

*“I think we need a greater vision of what’s happening. It seems that the majority of direct care workers feel powerless in terms of change.”*

During the focus groups, both supervisors and direct support workers were asked about the level of input direct support staff currently have and how much they should have. The reactions to these questions were mixed. While some supervisors thought that direct support workers have ample input, or ample *opportunity* for input, others felt that the agency does not make enough of an effort to solicit feedback from this very important source. A small number of workers felt that they had enough input, but many believed that their agencies are not interested in hearing from them and have resigned themselves to this perception.

Adult learning research reinforces the significance of worker input in training. Successful learning takes place when educators identify goals and objectives in consultation with learners. Malcolm Knowles (1984) established two characteristics for an educative environment: learner participation in decision making; and mutuality of responsibility in defining goals, planning and conducting activities, and evaluating. It is widely held that front-line staff work independently while providing community supports. Because agencies require these capabilities, encouraging workers to take an active role in training develops more autonomous staff. Thus, a self-directed learner is better able to apply his knowledge under the constantly changing conditions of the workplace.

One reason why workers do not offer input may be due to lack of opportunity. One group of supervisors said that they do not solicit input because supervisors themselves are not involved in the creation of training programs. For agencies that primarily rely on the Department of Mental Retardation (DMR) “core curriculum,” supervisors could not identify how workers could communicate with the DMR training office. One supervisor said that DMR “occasionally has solicited input on their trainings” from supervisors, but she was unsure how they used the data. For those that said they had no input in training, this may be because the agency itself has very little influence on the curriculum.

An atmosphere of “open communication” is key to encourage staff feedback. One must also consider the value placed on feedback and the extent to which the information affects training practices. The high frequency of comments made by direct support staff reflects this idea. Most participants said that they were comfortable expressing their opinions. “We can say

### DMR’s Core Competencies

The core competencies are mandatory for all new DMR employees and are offered to veteran DMR employees and provider staff.

- ✓ Common life experience of people with disabilities and how people fill common roles
- ✓ What’s important in people’s lives
- ✓ Human rights
- ✓ Mental retardation
- ✓ Basic health and safety
- ✓ Diversity
- ✓ Knowledge of state structure
- ✓ DMR policy and procedure
- ✓ Work place communication

whatever we want, whether or not it's used is up to the agency." Many direct support staff said that they can voice their opinions and concerns, but "it's somebody else's job to say yes or no." Feedback is only one portion of the input process.

Although participants acknowledged a variety of formal ways workers can provide feedback (i.e., survey distribution after trainings, suggestion box), many supervisors felt that these opportunities were either ignored or underutilized. "I would say they are given the opportunity, but people don't take the initiative." Supervisors set aside time to discuss professional development, but staff seldom take advantage of it. "The really motivated people will come forward and say what they need (in terms of training) but for most people, this is usually not the case." Another supervisor echoed this feeling. "Yes, they have the ability. The avenues exist if the motivation is there." According to these supervisors, despite the "best efforts" of agencies, workers are apathetic. Lack of input is due to disinterested staff rather than insufficient agency feedback mechanisms.

Supervisors' opinions varied when evaluating the strength of agencies' outreach efforts. "I don't think they have enough (opportunity for input). After the training there is a 'what-did you-learn' form, and then a couple of lines at the bottom of the page about what other trainings they would want. There are not enough formal opportunities for an employee to make their needs known... They can give input informally, through their supervisors, but I think it should be up to the agency to really reach out and ask for input in a more formal, structured way." Several supervisors felt strongly about this issue. "Yes, more formal, more often, at least every three months. Just to give employees an idea about what they could benefit from." These supervisors feel that greater effort from agencies would encourage more feedback from workers.

Though respondents generally felt that they lacked input, some workers participated in activities that enhanced interaction between frontline staff and managers. These efforts were successful because they were formal, agency-established opportunities of which workers were encouraged to take advantage. In creating these avenues, agencies communicated interest in feedback and recognition of the value of learner input. As previously noted, many felt that agencies should augment opportunities for input to reach workers who are not as pro-active yet have important ideas to contribute.

*Training committees offer one means for direct support workers to be involved in training. Discussants agreed that this can be an effective vehicle for providing feedback. According to one worker, "I know more (than other direct support workers) about the when, how, and why. I could give my input on different topics, different situations, times, what's convenient. Because I was involved in the committee I know more about these issues. That was a choice I made." This participant felt that while on the committee, she influenced decision-making. However, she emphasized that participation in a committee is an individual decision that does not match the personality and lifestyle of all workers.*

Another way agencies encourage worker participation is through structured peer training. One worker affected training through her control over the material she uses when teaching new workers. She provides new staff with specific strategies acquired through her own experiences

to help them access community resources. As former “new employees,” support staff/trainers present information in a way that is more meaningful for trainees. Peer training also gives workers an opportunity to serve as role models for others and enhances confidence and self-esteem. Further, those who teach really “learn twice” as trainers must master the material in order to present it to others. Research indicates that teaching a skill to others can yield a very high retention rate—up to 95% (Templeman & Peters, 1992). Peer training is an effective way for workers to be involved in training, but this strategy, as well as committee work, requires expendable free time and a desire to enhance skills and invest in the agency as a whole.

## **VI. Informal Training Enhancing the Skills of Direct Support Workers**

*“For direct support staff, we expect that they’re going to get most of their knowledge and training from the house that they’re working in and the people who are already working there.”*

Because of the increasingly diverse and individualized nature of supports provided by front-line workers, traditional training mechanisms may not be sufficient to adequately prepare staff. It is universally recognized that many workers do not acquire all of the skills necessary to perform their jobs through formal, classroom-based training. This is especially true for staff who have had little previous success with this type of learning. Kerka (1995) an adult education researcher, noted that negative past school experiences may be so strong that when adult students enter classrooms or encounter situations that remind them of previous experiences, any learning that could have occurred is in jeopardy.

Supervisors in the focus groups confirmed that entry-level workers can feel inadequate due to both lack of professional experience and limited education. Supervisors confirmed that feelings of insecurity arise for many direct support staff. “I think that sometimes direct support workers can be intimidated when

In some instances, workers *only* acquire skills through informal training by a co-worker. “Community integration is one of those areas that people will learn on the job with someone who has already done it. It’s not something that you could get up in front of a classroom and teach... It’s more informal—you have to be out there and do it.”

they go to a training. They have their GEDs or high school diplomas and have never left their hometown. So a classroom situation can be scary for them.” Less formal training practices can enhance confidence and integrate the cultures of the workers and the agency.

The general consensus among focus group participants was that informal training is invaluable. Discussants emphasized the need for informal training because it provides insight into types of situations that new direct support workers encounter. Armed with this knowledge, workers are more prepared to handle these situations effectively. As one direct support worker aptly noted, “It’s important to learn from people with a lot of experience. It saves you a lot of headaches.” When agencies provide informal training, new workers feel more confident and better equipped to face the challenges that lie ahead.

To ensure that all participants were thinking about the same issues, Commission staff established a definition of the term “informal training.” Supervisors, co-workers, persons with disabilities or family members provide this on-the-job training. It could take on the form of “shadowing” another worker, observation, informal meetings with supervisors, or training that is embedded

into daily routines. Ideally, informal training would begin at the onset of employment and continue throughout the duration of employment.

### **Are Supervisors Effective Trainers?**

During the focus groups, discussions arose that challenged whether supervisors are being taught effective techniques for passing on skills to new workers. One agency provided an example of why it is vital for supervisors to have developed training skills. Program directors conducted a survey and asked supervisors and workers to describe their jobs. “Supervisors said, ‘we are advocates, we are diplomats,’ and the direct care staff said, ‘we give showers, we cook meals, we’re taxi drivers.’ That means that (the trainers) are not getting the message across and the values that we see as vitally important.” The task-oriented descriptions provided by workers yield insight into supervisors’ conveyance of roles and responsibilities. If supervisors are simply passing on information through informal training without making sure that workers are “getting it,” the benefits of this type of informal training are virtually lost.

### **Not enough informal training at hire**

Many participants felt that there was not enough informal training. At some agencies new workers only receive one day of shadowing. “In some cases people get more than one day if they request it. Definitely initially we need more informal training.” Supervisors from other agencies agreed that informal training is inadequate. “People get inundated with so much information (at hire)—they are doing direct care, reading ISPs, working with individuals.” New workers immerse themselves in the main facet of the job, namely becoming familiar with the people they are supporting, learning “their quirks, styles, and approaches that work best.”

While all discussants agreed that shadowing is an effective tool to orient new workers, in some situations it is impossible to offer. “Sometimes when your team is down one or two people, you really need the new person to just get in there, even if they don’t know that much. It isn’t anyone’s fault, but it’s what you have to do.” Although this scenario seems common, discussants felt that agencies have made efforts to address this need. If workers need more shadowing, often they can make this request before beginning a first shift. As agencies realize the value of informal training they try to provide this support for new workers, but it is challenging within the constraints of staffing situations.

Some participants felt they received an adequate amount of informal training. Discussing her initial experiences, one worker noted that she had nine hours of observation, hands-on training, role modeling, and an in-service for a specific population. She considers herself “lucky” to have received such extensive training. Supervisors said that the concept of “enough” informal training is subjective and varies among individuals. “It really depends on when the person is feeling comfortable. It takes longer for some people.” Often the amount of informal training given to an employee is dependent on previous experience. Although it may ensure equity to standardize the informal training provided to new staff, it is important to consider individual needs. Less experienced workers may require more support to feel comfortable in their jobs. Also, workers who support people with behavioral challenges or complex medical issues may need more training to prepare them to meet the specific needs of these individuals.

## VII. Findings

Focus group participants suggested many strategies that would have a positive impact on direct support worker training. Some of these recommendations can be implemented by individual supervisors or on a larger, agency-wide level, while others include more comprehensive steps that the Department of Mental Retardation can take to enrich the direct support workforce in Massachusetts.

*Use what is known about successful adult learning to enhance workers' skills in the following ways:*

- ✓ **Increase informal training for direct support workers by training supervisors to be teachers.** Informal training has evolved because there is clearly a need for non-traditional supports for the current generation of frontline workers. Training programs must be expanded to provide ample opportunities for direct support workers who will not acquire all the necessary skills through formalized, classroom-based training.
  - ✓ Facilitate direct support worker input on training practices. **Research suggests that participant input is a vital component of adult learning. The benefits of varying levels of self-directed learning are multi-faceted. Workers believe that their views are important to the agency, thereby increasing confidence and feelings of self-worth. Their input is based on their experiences and what they perceive as relevant to their work. If workers feel that the information is useful, they are more likely to retain it than information that is abstract or tangential. Staff will also be more likely to participate in trainings if they have helped to shape them.**

*Acknowledge the impact of worker recruitment and retention issues on training and undertake the following:*

- ✓ **Implement tiered levels of training.** Although participants frequently mentioned the high turnover of direct support workers, many agencies do employ veteran staff with several years of experience. Members of this small cohort of workers are calling for new and more advanced levels of training than what is currently offered. Multiple levels of training would quell the argument of experienced workers that trainings are redundant and irrelevant. Advanced trainings should explore issues encountered in direct support and create workers with expertise in certain areas. Staff who have completed these specialized trainings would gain prestige and may become “senior” level direct support staff.
- ✓ **Develop a certification process for direct support.** Discussions on more extensive training for staff with tenure and commitment has become a forum for consideration of a certification process for direct support workers. Because of low wages of direct support staff, it is an undue hardship for workers to credential themselves by funding their own education. Focus group participants recommended that agencies or DMR should facilitate state and community provider direct support workers' participation in certificate or degree programs. An important first step is DMR's partnership with the Massachusetts Executive Office of Community Colleges. This collaboration ultimately will create a “Direct Support Certification Program,” which will build a bridge between the competencies needed to

support individuals and the knowledge and skills taught in educational programs. The program will be initially piloted in four community colleges around the state. Significantly, DMR will be responsible for the costs associated with instruction, tuition, fees and books.

***Increase support for frontline workers by implementing the following:***

- ✓ **Establish “support groups” within agencies for frontline staff.** All employees need arenas in which they can feel encouraged and supported. This can be achieved when workers interact with those who share similar experiences. Because of the emotionally demanding and physically draining nature of their work, front-line staff would undoubtedly benefit from this type of support. Forums that would allow direct support workers to engage in peer-to-peer contact could help ward off burnout and renew interest and vitality in the work.
- ✓ **Provide opportunities for workers to become involved in professional organizations that facilitate networking among all levels of staff.** Executive directors, middle managers, and DMR staff at various levels attend conferences and forums throughout the year. When direct support workers are provided with similar opportunities, it is clear that their agency is making an investment and is committed to the professional development of its staff. This would promote direct support workers’ professional status as well as help them to identify with and become integrated into the field of mental retardation.

***Conclusion***

The quality of current services is fully dependent upon front-line staff who provide daily supports. As service providers continue in their endeavors to enhance the autonomy, independence, safety, and quality of life for people with mental retardation, direct service staff take on an increasingly complex and demanding role. The Governor’s Commission staff is hopeful that this research will inspire providers and frontline staff to continue to evaluate their training programs and their effect on the competency of the direct support workforce.

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